FIELD KEY, AMBULATORY SURGERY CENTER FEE SCHEDULE CSV

Field #	Column Title	Title Explanation	Indicator	Indicator Description
1	CPT® Code/ HCPCS Code			2005 CPT® or HCPCS code
2	Abbreviated Description			Descriptions are abbreviated and are for reference purposes only. For complete descriptions, refer to a 2005 CPT® or HCPCS code book.
3	L&I Groups	L&I's ASC Payment Group	Number (1-14)	Indicates L&I's ASC payment group for the procedure code.
			NC	Indicates that L&I does not cover this procedure
4	ASC Payment Amount	L&I's ASC Payment Rate. Indicates the maximum allowable fee or other payment method.	Dollar value	Maximum allowable fee.
			AC	Paid at acquisition cost.
			BR	Paid by report.
			BR, UR	Paid by report, UR authorization required.
			Bundled	Payment included in facility payment.